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## BIB DATA SHEET

CONFIRMATION NO. 3764

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.         |
|---|---|--|--|--------------------------------|
| 10/556,837  | 11/15/2005  | 016  | 3677   | 135408-2033                    |
| <b>APPLICANTS</b><br>Dieter Ramsauer, Schwelm, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP05/02085 02/28/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 20 2004 003 238.4 02/27/2004<br>GERMANY 20 2004 014 766.1 09/20/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>12/09/2006 |   |  |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>GERMANY                           | <b>SHEETS DRAWINGS</b><br>20   |
| Verified and /ROBERTA S<br>DELISLE/<br>Examiner's Signature   | Acknowledged  | Initials                                     | <b>TOTAL CLAIMS</b><br><del>31</del> 25                      | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>FROMMER LAWRENCE & HAUG<br>745 FIFTH AVENUE- 10TH FL.<br>NEW YORK, NY 10151<br>UNITED STATES  |   |  |  |                                |
| <b>TITLE</b><br>Handle for mounting in an opening   |   |  |  |                                |
| <b>FILING FEE RECEIVED</b><br>725   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                                |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                |
|   |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                |
|   |   |  | <input type="checkbox"/> Other _____                         |                                |
|   |   | <input type="checkbox"/> Credit              |  |                                |